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MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

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State Charity Registration Number: CT 0178352			Check if:			
CONNECTED THE CALIFORNIA CENTER FOR						
COLLEGE AND CAREER			Amended report Registry of Charitable Trusts			
Name of Organization				Chantable Trus) lo	
2150 SHATTUCK AVENUE, NO. 1200 Address (Number and Street)				or Organization No. 2859371		·
•			F. 4 1 F			
BERKELEY , CA 94704 City or Town, State and ZIP Code			Federal En	nployer I.D. No. 20-4781979		
		RENEWAL FEE SCHEDULE (11 Cal. eck Payable to Attorney General's R			 .	
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	e
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		
PART A - ACTIVITIES	,					
For your most recent full ac	counting	period (beginning 10/01/2009	end	ing 09/30/2010) list:		
Gross annual revenue \$		5,493,523. Total assets \$		15,537,102.		
PART B - STATEMENTS REGARD	ING ORG	ANIZATION DURING THE PERIOD (OF THIS RE	EPORT		
Note: If you answer "yes" to any	of the qu	estions below, you must attach a se	eparate sh	eet providing an explanation		
and details for each "yes"	response	. Please review RRF-1 instructions	for informa	ation required.		
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization					Yés	No
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had						
any financial interest?					 	Х
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						х
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?						х
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						x
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.						x
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the						
name of the agency, mailing address, contact person, and telephone number.						х
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						x
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting						х
principles for this reporting period? Organization's area code and telephone number (510)849-4945					Х	
organization a area code and telephone	number (—
Organization's e-mail address CTAIB	L@CONNEC	TEDCALIFORNIA, ORG				
I declare under penalty of perjury that	l have exam	nined this report, including accompanying	g documents	, and to the best of my knowledge and belief,	it is tru	e,
correct and complete.				~ ·		
1 and 12 will		TAIBL		812/4		
Signature of authorized Officer	Printe	ed Name	Tit	Date .		
29291 4-24-09	· · · · · ·		·	- Annual		
1-24-09				. D	RF-16	/2-N